



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Bureau for Medical Services
Pharmacy Services
350 Capitol Street – Room 251
Charleston, West Virginia 25301-3706
Telephone: (304) 558-1700 Fax: (304) 558-1542

Karen L. Bowling
Cabinet Secretary

**WV MEDICAID AGREEMENT WITH
340b PROVIDER**

CERTIFICATION

I, _____, affiliated with _____ a
(Name and Title) (Name of Entity)

340b provider pursuant to 340b of Public Law 102-585, the Public Health Services Act
of 1992, do declare that _____
(Entity Name) (Telephone Number)

(Entity Address) (NPI)

will submit actual acquisition costs to the West Virginia Bureau for Medical Services
(Bureau) for all drugs purchased at 340b contract pricing and dispensed to West
Virginia Medicaid members.

The effective date of this entity's 340b designation is _____.
(Date)

I agree to submit a thirty (30) day written notice to the Bureau of any change in
participation or enrollment in the 340b drug pricing program.

(Signature) (Date)

(Title)